

Via EMAIL and FEDEX

November 12, 2009

Mr. Paul Parker Chief Hospital Services Policy and Planning, Certificate of Need Maryland Health Care Commission 4160 Patterson Avenue Baltimore, Maryland 21215-2299

RE: Washington Adventist Hospital Response to identify and briefly describe

changes to the October 26, 2009 Modification.

Dear Paul:

Attached please find our response to your letter dated November 4, 2009.

I hereby certify that a copy of the modified CON application has been sent to the Montgomery County Health Department and other individuals and entities identified in the distribution list below.

Sincerely,

Christopher C. Hall

Sr. Director Strategic Planning

cc: Ulder J. Tillman, M.D., MPH, Montgomery County Health Department

Ms. Pamela W. Barclay

Mr. Joel Riklin

Ms. Nadine Conner

Ms. Ruby Potter

Suellen Wideman, Esquire

Ms. Kathie Hulley

Susan Silber, Esquire

Mr. Gerard Schmith

Howard L. Sollins, Esquire

John J. Eller, Esquire

Jack Tranter, Esquire

Stephen J. Sfekas, Equire

We demonstrate God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing.

PART I – PROJECT IDENTIFICATION AND GENERAL INFORMATION

 Legal Name of Project Applicant, Addre Executive 	ess, Phone	Number, Name of Owner/Chief
Change	X	No Change
Brief Description of Change:	18	-
2. Legal Name of Project Co-Applicant, A Executive	ddress, Pho	one Number, Name of Owner/Chief
Change Brief Description of Change:	X	No Change
3. Name of Facility, Street (Project Site), G	City, Zip, C	County
Change Brief Description of Change:	X	_ No Change
4. Name of Owner (if different than applic Change		No Change
Brief Description of Change:		
5. Representative of Co-Applicant, Addres Change	ss, Phone N	Number No Change
Brief Description of Change:		
6. Person(s) to whom questions regarding Change Brief Description of Change:	this applies	ation should be directed No Change
7. Brief Project Description X Change Brief Description of Change: Text has been abbreviated.		_ No Change
8. Legal Structure of License Change Brief Description of Change:	X	No Change
9. Current Physical Capacity and Proposed Change Brief Description of Change:	d Changes	_ No Change
10. Project Location and Site Control X Change Brief Description of Change: (A&B) and (C)(1-4)— No change; (C)(5) including May 29,2009.	des respons	_ No Change se from completeness questions dated

11. Project Implementation Target Dates	1999 1990	
X Change	No Change	
Brief Description of Change:		
Change in date for obligating capital, pre-licens	sure/first use and full utilization.	
10 NIA		
12. NA		
13. NA		
14. Project Description		
X Change	Change	
Brief Description of Change:		
The revised Project Description highlights a les	s costly full-service facility that best enables the	
hospital to meet the needs of the communities.	The revised Project Description also provides	
additional narrative on the Village of Well-beir	ng at the Takoma Park campus.	
15. Project Drawings	No Change	
X Change	No Change	
Brief Description of Change:	the inclusion of the square footage of the dinning	
	the metasion of the square rootage of the change	
terrace.		
16. Features of Project Construction		
Change	X No Change	
Brief Description of Change:		
CHART 1. Project Construction Character		
X Change	No Change	
Brief Description of Change:	1 City of the addition there	
Chart 1 reflects changes to the first floor and the	the removal of the penthouse. In addition there	
	ite costs. In addition, a Chart 1 for the Parking	
Garage-North and South are included.		
PART II – PROJECT BUDGET		
X Change	No Change	
Brief Description of Change:		
Incorporated project cost savings and changes	as outlined in Chart 1.	
Exercise Services Ser		
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	NERAL REVIEW CRITERIA AT COMAR	
10.24.01.08G(3):		
10.24.01.10 – The State Health Plan Acute	e Care Hospital Services	
10.24.01.10 <u>The State Health Fight</u> Float	C. C	
A. General Standards		
N NEO (NEO)		
1. Information regarding Cha		
X Change	No Change	
Brief Description of Change:	anlatanaga ragnanga	
Incorporated response from May 29, 2009 completeness response		

2. Charity Care Policy Change Brief Description of Change:	X No Change
3. Quality of Care Change Brief Description of Change:	X No Change
B. Project Review Standards	
1. Geographic Accessibility X Change Brief Description of Change: Incorporated response from May 29, 2009 comp	No Change pleteness response
2. Identification of Bed Need at X Change Brief Description of Change:	nd Addition of Beds No Change
In the "originally filed" CON application, comproposed MSGA beds for Washington Adventise minimum net need of -61 beds, but below the number "modified" CON application, as updated, the Scidentifies a minimum need for 1,267 MSGA bedsed need of +173 beds.	st Hospital (WAH) was above the forecasted naximum net bed need of 221 for 2016. In the tate Health Plan MSGA bed need methodology
3. Minimum Average Daily Ce Change Brief Description of Change:	ensus for Establishment of a Pediatric Unit X No Change
4. Adverse Impact X Change Brief Description of Change: Two sentences were added discussing the chari	No Change ty care of the Village of Well-being.
demonstrate the cost-effectiveness of the project which compared the alternative of building a reand renovation project on-site. Four objectives Hospital in the Regional Disaster Network to protential public health emergency or catastroph In the "modified" CON application, the objective additional surge capacity was omitted, and respective to the contract of the c	om Takoma Park to the White Oak site in order to be. At the heart of this analysis were the factors eplacement hospital to undertaking an expansion were addressed, including the future role of the rovide sufficient surge capacity to respond to a ne. The ve of the replacement hospital to provide that ponses to completeness questions were more detailed information on the information and

Burden of Proof Regarding Need	
X Change	No Change
Brief Description of Change:	
In the "modified" CON application, an updated forecast o	of surgical utilization at the Hospital
was provided based on actual YTD statistics for 2009.	
\$00000 ★ 0000 €	
7. Construction Cost of Hospital Space	
X Change	No Change
Brief Description of Change:	
The changes incorporate the revised design where the first	t floor changed slightly and the
penthouse was removed.	
8. Construction Cost of Non-Hospital Spa	ace
X Change	No Change
Brief Description of Change:	
Incorporates the square footage and cost changes.	
meorporates the square tootage and cost enanges.	
9. Inpatient Nursing Unit Space	
X Change	No Change
	_ Tro Change
Brief Description of Change: Incorporated response from May 29, 2009 completeness in	reenance
incorporated response from May 29, 2009 completeness in	response
10. Rate Reduction Agreement	
22 MeV	No Change
X Change	
Brief Description of Change:	1
Clarifying language on WAH's ROC position is provided	1.
11 Efficiency	
11. Efficiency	No Change
X Change	_ No Change
Brief Description of Change:	
Clarifying language provided on efficiencies in staffing.	
12 Patient Cofety	
12. Patient Safety Change X	No Change
	_ No Change
Brief Description of Change:	
40 Pt - 11 P - 12 Pt -	
13. Financial Feasibility	N. Change
X Change	No Change
Brief Description of Change:	0.0 1.6 (1 1 1.6 : - 1
Changed to match assumptions in data found in Tables 1	& 3 and further clarifying language
provided.	
	10
14. Emergency Department Treatment Ca	
X Change	No Change
Brief Description of Change:	
In the "modified" CON application, we: 1) provided an u	ipdate to the forecast of visits to the
WAH ED based on YTD statistics for 2009, and reduced	the forecast of future ED visits through
2015, 2) addressed the change in the design of the ED in	the replacement facility with respect to
plans for the observation unit, and 3) clarified that the me	odest projected increase in future ED
visits to the replacement hospital included consideration	of the changes in the aging of the

population over time, improved geographic access to the new location, and continued access to the Hospital's services through referrals and transfers from the proposed urgent and primary care center to be developed on the Takoma Park campus.

15. Emergency Department Expan	nsion
X Change	No Change
Brief Description of Change: Minor clarifying language provided. Additional is provided.	language on our health and wellness initiatives
16. Shell Space	
X Change	No Change
Brief Description of Change:	
Language and data are reflective of the design.	
10.24.01.08G(3)(b). Need	N. Cl
X Change	No Change
beds in Montgomery County hospitals incorpora the first six months of 2009, 2) amended the nee Psych services among residents of the total servi- area (revised utilization and population statistics)	d analysis to show the need for MSGA, OB and ice area of WAH, not only the primary service
TABLE 1: STATISTICAL PROJECTIONS – E	
X Change	No Change
Brief Description of Change: In the "modified" CON application, we provided utilization.	d a revised TABLE 1 to reflect YTD 2009
TABLE 2: STATISTICAL PROJECTIONS – I	PROPOSED PROJECT
Change	X No Change
Brief Description of Change:	
10.24.01.08G(3)(c). Availability of More Cost- Change Brief Description of Change:	Effective Alternatives X No Change
10.24.01.08G(3)(d). Viability of the Proposal X Change Brief Description of Change: Incorporated response from May 29, 2009 comp	No Change
BRUDIAN AND LOSSONIOU HUILI MICH 47, 4007 COLL	ALTERNATION AND DESCRIPTION OF THE PROPERTY OF

TABLE 3	: REVENUES AND EXPENSES – I	ENTIRE FACILAITY (including proposed
project)		
X	Change	No Change
Brief Des	scription of Change:	4.0000
A revised	TABLE 3 was provided in the modif	ied application which reflects: 1) 2009 actual
YTD utili	zation and financial results, 2) projec	ted volume changes and ALOS changes through
2015, 3) t	the revised financing plan for the Proj	ect.
TABLE 4	: REVENUES AND EXPENSES- P	ROPOSED PROJECT
	Change	X No Change
Brief Des	scription of Change:	
10.24.01.	08G(3)(e). Compliance with Condition	ons of Previous Certificates of Need
	Change	X No Change
3rief Des	scription of Change:	
10.24.01.	08(3)(f). Impact on Existing Provide	<u>rs</u>
	Change	No Change
	scription of Change:	
n the "m	odified" CON application, we incorp	orated our response to a completeness question
which asl	ked us to provide an assessment of the	e impact of the project on existing providers. This
esponse	was provided as a hypothetical example	ple in order to assure that the original application
would be	docketed for review.	
TABLE :	5. MANPOWER INFORMATION	
X	Change	No Change
200.000	scription of Change:	
	effective of the changes noted under "	Table 1" above.
PART I	V – APPLICANT HISTORY, STAT	TEMENT OF RESPONSIBILITY,
AUTHO	RIZATION AND RELEASE OF I	NFORMATION AND SIGNATURE
X	Change	No Change
Brief De	scription of Change:	
Response	e to (2) captured a name change. Poto	omac Ridge Behavioral Health has been changed
	t Behavioral Health.	987